



FAMILY PACT PROGRAM

Presented By: The Office of Family Planning
Department of Health Care Services
NOVEMBER 8, 2018



Today's Agenda

- Family PACT Program Overview
- Provider Enrollment
- Client Eligibility
- Family Planning and Family Planning Related Services
- Family PACT & RUHS Data
- Policy Updates
- Contact Information



Family PACT Program Overview



Family PACT Program Goals

Ensure	Ensure access to family planning services for low-income Californians
Prevent	Prevent unintended pregnancy
Establish	Establish the timing, number and spacing of pregnancy
Provide	Provide comprehensive family planning services to eligible men and women



Family PACT Program

Family PACT is:

- A limited benefits health program designed primarily to assist individuals with a medical necessity for family planning services

Family PACT is not:

- A primary care program
- A health insurance plan

Family PACT does not cover:

- Pregnancy-related services
- HIV or hepatitis treatments
- Mammograms
- Infertility diagnosis and treatment



Comprehensive Family Planning

Family PACT includes:

- Contraceptive Methods
- Family Planning-Related Services,
- Client-Centered Health Education and Counseling





Family PACT

Scope of Services

Family Planning Services

- Contraceptive Services
- Limited Fertility Services
- Reproductive Health Screening

Family Planning Related Services

- Management of STIs*
- Cervical Cancer Screening
- Management of UTIs
- Management of Cervical Abnormalities & Pre-invasive lesions



Contraceptive Methods



All contraceptive methods:

Pill, Patch, Ring, Shot, IUD, Implant
Preferably, methods with lower effectivity should be paired with more effective methods.



Fertility Awareness



Sterilization Services



Reproductive Health Screening Tests



Education & Counseling



Provision of client-centered reproductive health education and counseling is required for all Family PACT clients.



Education & Counseling



Practices should be appropriate for discussion of sensitive topics.



Ongoing individualized client assessment and focused communication.



Topics and behaviors should promote personal choice, risk reduction and optimal reproductive health practices.



Provider Enrollment





Provider Enrollment Requirements

Who can apply for enrollment?

- Solo providers; group providers; primary care clinics; intermittent clinics
- Have the family planning skills, competency and knowledge to provide comprehensive family planning



Enrolled in Medi-Cal in Good Standing



Provider Enrollment Requirements

- Completed Application Packet
 - DHCS 4468: Family PACT Provider Application
 - DHCS 4469: Family PACT Program Provider Agreement
 - DHCS 4470: Family PACT Practitioner Participation Agreement for each Practitioner
- Attend and complete Provider Orientation Trainings



A service location is enrolled in the Family PACT Program when all of the Family PACT provider enrollment requirements are met.



Provider Training Requirements



The Family PACT program requires each provider's service location to be certified for enrollment in the Family PACT Program.



Each service location must designate one eligible representative to be the site certifier. The site certifier cannot certify multiply sites.



The provider orientation training is delivered online and in person and includes information on comprehensive family planning, program benefits and services, client eligibility, provider responsibilities and compliance.



Provider Training Requirements

- Site certifiers must complete the four required online trainings and attend the in person orientation training within six (6) months of the initial date of Family PACT enrollment, or upon initiation of recertification of an existing site.
- Failure to complete the orientation within six (6) months will result in disenrollment for provisionally enrolled provider sites.
- The site certifier must ensure that all clinical personnel rendering services on behalf of the Family PACT Program complete OFP required trainings.





Provider Enrollment Requirements

Participating ORP providers must be listed on all claims for reimbursement

- Anesthesiologists, laboratories, pharmacies and radiologists (must be enrolled as Medi-Cal providers)
- If an ORP provider identified on a Family PACT claim is not enrolled in Medi-Cal, the claim for reimbursement will be denied



All Family PACT services must be rendered at the **enrolled services location(s) only.**



Track A Trainings: Site Certifiers	Track B Trainings: Non Site Certifiers:	Track C Trainings: Front Office Staff
Online Orientation	Online Orientation	Online Orientation
In Person Orientation (pre-requisite: Online Orientation)	In Person Orientation (pre-requisite: Online Orientation)	In Person Orientation (pre-requisite: Online Orientation)
Fraud, Waste, Abuse Training	Back Office	Front Office
U.S. Medical Eligibility Criteria (2016)	Fraud, Waste, Abuse Training	Fraud, Waste, Abuse Training
U.S. Selected Practice Recommendations (2016)	U.S. Medical Eligibility Criteria (2016)	U.S. Medical Eligibility Criteria (2016)
	U.S. Selected Practice Recommendations (2016)	U.S. Selected Practice Recommendations (2016)



Additional Resources

Training is conducted online via OFP's LMS system located at <https://www.ofpregistration.org/index.html>

Available Family PACT Trainings
Online Orientation
In Person Orientation
Front Office
Back Office
U.S. Medical Eligibility Criteria
U.S. Selected Practice Recommendations



Client Eligibility





Eligibility Requirements

Clients must meet all four:

- California Resident
- At or below 200% of the Federal Poverty Guidelines
- Medical necessity for family planning services
- No other sources of health care coverage for family planning services





Eligibility Determination

- Completed in provider's office
- Self report process
 - Prepopulated forms cannot be used
 - Providers or designee may not complete the forms on their own on behalf of the client.
- Eligibility affirmed at each visit
 - A provider or designee must affirm client eligibility at each visit, checking the client's income, family size and health insurance status.
- Eligibility recertified annually
 - Clients are certified for the program for a maximum of 12 months or until the client's eligibility status changes. Recertification can be completed at the 10 month mark.



Other Health Coverage

- Clients who have Other Health Coverage (OHC), including Medi-Cal fee-for-service and managed care, can be eligible for Family PACT benefits.
- Clients must meet all Family PACT eligibility criteria including any of the following:
 - The OHC does not cover any contraceptive methods.
 - The client is a student who has no health care coverage for any contraceptive methods.
 - The OHC requires an annual deductible that the client is unable to meet on the date of service.
- If the OHC requires a copayment per visit, the client is not eligible for Family PACT benefits.

Barrier to Access

Clients can be eligible for Family PACT benefits if a barrier to access exists.

- A barrier to access is when a client's OHC does not ensure provision of family planning services to a client without his or her spouse, partner or parents being notified or informed.
- For clients who indicate on the CEC form that a barrier to access may keep them from using their OHC, and the clients meet all other eligibility criteria, they are eligible for Family PACT benefits.
- This applies to all clients regardless of age of marital status.



Client Eligibility Certification Form

FOR PROVIDER USE ONLY

Provider certification: Eligible for Family PACT Program
 Ineligible for Family PACT Program (Give Fair Hearing Rights)

Why: _____
 Medi-Cal client eligible for Family PACT verified: Limited scope Unmet share-of-cost

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Client Eligibility Certification is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights. I also certify that the client has received the Notice of Privacy Practices.

Print name <i>Ima Provider</i>	Signature <i>Ima Provider</i>	Date <i>6/16/2017</i>
Deactivation: if client is deactivated (no longer eligible)	Date	Reason code (see Provider Manual)

Fair Hearing Rights

Any applicant for, or recipient of, services under the Family PACT Program shall have a right to a hearing regarding eligibility or receipt of services. An applicant or recipient does not have a right to contest changes made to the eligibility standards or benefits of the Family PACT Program.

First level review: If you wish to appeal either your denial of eligibility or receipt of services, please send your name, telephone number, address, and reason why you are requesting a First Level Review to the address below. A request for a first level review must be postmarked within 20 working days of the denial of eligibility or services. The Office of Family Planning may request additional information by telephone or in writing from the provider or the applicant before issuing a decision.

Formal Hearing: You may request a formal hearing within 90 days from the day you were notified that you were not eligible or the services you wanted will not be provided or have been discontinued. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, your request may still be scheduled. Provide all requested information such as your full name, telephone number, address, and the reason for the Formal Hearing and mail it to the Formal Hearing address below. If you wish, you may attach a letter as well and explain why you believe the action taken is not correct. You may also call the Public Inquiry and Response number below. If you have trouble understanding English, be sure to state your language so arrangements can be made to have language assistance at the hearing. If you have chosen an authorized representative, be sure to state his/her name, phone number and address. Keep a copy of your hearing request for your records. You may submit your formal hearing request in one of two ways:

First Level Review
 Department of Health Care Services
 Office of Family Planning
 P.O. Box 997413, Mail Station 8400
 Sacramento, CA 95899-7413

Formal Hearing
 California Department of
 Social Services
 State Hearings Division
 P.O. Box 94243,
 Mail Station 9-17-97
 Sacramento, CA 94244-2430

or Toll-Free Call
 Department of Social Services
 State Hearings Division
 Public Inquiry and Response
 1-800-952-5233 or
 1-800-743-8525
 TDD 1-800-952-8349
 Fax: (916) 851-5210



HAP Cards

- Upon client certification, a Health Access Program (HAP) Card must be activated and issued on the date of service and recorded on the client's CEC form.
 - Providers who neglect to activate the HAP card upon certification of a client are responsible for covered services rendered.
- If a provider determines a client is no longer eligible for Family PACT services, the provider must deactivate the client's HAP card.
 - Clients who become ineligible may be recertified once they complete a new CEC form and meet all eligibility requirements.





HAP Cards

- If a client presents without a HAP card but is known to have had one, a replacement HAP card must be issued with the client's name and same HAP number.
- HAP cards issuance and activation must occur exclusively at the enrolled service site address.
 - HAP cards may not be provided or activated at health fairs, outreach events or anywhere other than the assigned site in which the cards were requested and distributed.





Family PACT Policy Updates



LARC Requirement

- Effective February 1, 2018, at a minimum, Long Acting Reversible Contraception (LARC) shall be provided onsite or by prescription
- In an effort to assist providers to remain in compliance and increase access to care, OFP is hosting LARC trainings
- Upcoming trainings will be announced through Family PACT E-News and Learning Management System (LMS)



SB 999

- Contraception for continuous cycle
- Allow for two (2) dispensing of a 12-month supply of the same hormonal contraceptive without a TAR
- Maximum allowable per dispensing:
 - Pill: 18 packs/year
 - Patch: 52 patches/year
 - Ring: 13 rings/year



Client Eligibility Certification

- An updated Client Eligibility Certification (CEC) Form will be released 2019
- Announcement will be made through Family PACT E-News and Family PACT Bulletin



Questions?





Thank you!

Contact Information

Provider Enrollment: ProviderServices@dhcs.ca.gov

Program Assistance: FamPACT@dhcs.ca.gov

Family PACT Website: www.familypact.org

Learning Management System:

www.ofregistration.org